



COLUMBIA COUNTY

CITIZEN'S REVIEW PANEL FOR POLICE REFORM

Procedure for Filing a Complaint Against the Sheriff's Office

Please fill out the attached complaint form in as much detail as possible. You may type your responses or print them clearly in ink. Submit the original completed form in a **sealed** envelope marked **confidential** and addressed to:

**Columbia County Clerk of the Board
c/o Citizen's Review Panel
401 State Street
Hudson, NY 12534**

Your complaint will be reviewed by the Citizen's Review Panel within twenty-one (21) calendar days of receipt. Please be assured that your complaint will be kept confidential and it will not be copied or shared in any way. Anonymous complaints **will not** be accepted.

Once your complaint has been reviewed and docketed by the Panel, it will be forwarded to the Sheriff's Office for handling, if related to actions of the Sheriff's Office. You can expect to receive a letter of acknowledgement from the Panel within the next few weeks, advising you if your complaint has been forwarded to the Sheriff's Office.

**Should you have any questions or concerns, please contact
Gary Graziano at (518) 821-9589 or CitizenReview@ColumbiaCountyNY.com.**

Please read and sign the complainant affirmation below and return with your complaint form.

COMPLAINANT AFFIRMATION

I _____, hereby affirm that the information provided on this form is true and complete under penalty of perjury. I acknowledge that any false statements made herein are punishable by a Class A Misdemeanor, as set forth in §210.45 of the Penal Law.

I understand that my complaint will be read by the Citizen's Review Panel and, if appropriate, will be delivered to the Sheriff's Office. I understand that my information will be kept confidential and my complaint will not be copied or shared with anyone outside of the Review Panel, Sheriff's Office or Legal Counsel for the County of Columbia as may be applicable.

Signature

Date



COLUMBIA COUNTY

CITIZEN'S REVIEW PANEL FOR POLICE REFORM

Complaint Form For Complaints Against the Sheriff's Office

Date / /

COMPLAINANT INFORMATION

Name

Address

City State Zip

Phone () -

COMPLAINT DETAILS

Date of Incident / /

Time : am / pm (Circle one)

Location
of Incident

Subject of
Your Complaint
(If applicable)

Type of Complaint Asserted:

☐ Sexual Harassment

☐ Excessive Force

☐ Racism

☐ Discrimination

☐ Lack of Professionalism

☐ Other:

SUMMARY OF COMPLAINT
